MMHD - Medical/Mental Health Detail

This screen is used to display, add or modify all medical and mental health contacts, procedures and diagnoses for a specific client.

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CAESMMHD
                      MEDICAL/MENTAL HEALTH DETAIL
                                                           02/27/2007
                                                                         14:39
USER ID : CS4566
                  MODIFY
                                                                 PAGE NO: 001
CAPS ID : 00001300
                      25
                            NAME: HARRIS, MELISSA
TO SELECT, ENTER A=ADD, M=MODIFY, S=SELECT OR D=DELETE
SEL CODE DESCRIPTION
                                           DATE
                                                     DOCTOR/THERAPIST
                                                                          RX/TX
                                          07/05/2006 MARY REYNOLDS
   EPS EPSDT (WELL-CHILD EXAM)
   MRT
       MEDICAL EXAM: GENERAL OFFICE VIS 05/15/2005 MARY REYNOLDS
   DEA DEVELOPMENTAL ASSESSMENT
                                          05/10/2005 LORI KECK
                                                                    PATH:
```

Field Descriptions (F12) indicates code lookup is available.

CAPS ID (F12)

Enter the CAPS ID of the client you want to add or view medical/mental health information for.

NAME

This field will display the name of the client whose CAPS ID is entered in the CAPS ID field.

SEL

Enter "A" to add a new detail, "M" to modify an existing detail or "D" to delete an existing detail. If the RX/TX flag is marked "Y" (yes), selecting that detail with "S" will take you to the MDTD (Medication/Treatment Detail) screen to view the RX/TX information for that specific entry.

CODE (F12)

Enter the type of medical exam, evaluation or clinical diagnosis provided to the client.

DESCRIPTION

This field will display the description for the medical exam, evaluation or clinical diagnosis code entered in the CODE field.

DATE

Enter the date of the exam or evaluation for the client, or the date the clinical diagnosis was made for the client.

DOCTOR/THERAPIST

Enter the name of the doctor/therapist who performed the exam or evaluation for the client, or who made the clinical diagnosis for the client.

RX/TX

Enter "Y" if medication or treatment was given/prescribed as part of this exam, evaluation or clinical diagnosis. If <u>no</u> medication or treatment was involved, leave this field blank. If "Y" is entered, you will be taken to the MDTD (Medication/Treatment Detail) screen upon pressing enter so you can enter the medication/treatment details.

Additional Information

Information entered on this screen for the last six months will default to the current D427 (Federal Foster Care Review) document.